

# **The Wisconsin Medicaid Program**

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## ***ELIGIBILITY AND BENEFITS***

See inside cover for  
**HELP INDEX**

*January 2003*

Contact Information		
Subject	Contact	Telephone Number
Bills for services	Recipient Services	1-800-362-3002*
Forward card, including how to report a missing or lost card	Recipient Services	1-800-362-3002*
General Information about Medicaid, or any Medicaid program	Recipient Services	1-800-362-3002*
HMO general information and enrollment questions	Enrollment Specialists	1-800-291-2002*
HMO complaints and grievances	Ombuds	1-800-760-0001*
Medicare	Social Security Administration	1-800-772-1213 (Voice) 1-800-325-0778 (TTY)
Premium and insurance questions for BadgerCare, including the Health Insurance Purchase Program (HIPP)	BadgerCare Services	1-888-907-4455*
Reporting changes, such as a new address	Eligibility Worker at the County or Tribal Worker	
SeniorCare	SeniorCare Hotline	1-800-657-2038
Social Security	Social Security Administration	1-800-772-1213 (Voice) 1-800-325-0778 (TTY)
Supplemental Security Income		
Medicaid services	Recipient Services	1-800-362-3002*
Benefits under the state-only SSI program	SSI Help Line	1-800-675-0249*

\*These 800 numbers have TTY and translation services available.

**For more information, you may also consult the Medicaid section of the Department of Health and Family Service's (DHFS) Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).**

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# Wisconsin Medicaid

This brochure explains Wisconsin Medicaid, a state/federal assistance program that helps certain needy and low-income people pay their medical bills. Wisconsin Medicaid is also known as Medical Assistance, MA, Title XIX, and T19. This brochure also provides information about Medicaid subprograms, including BadgerCare and Healthy Start.

More information on Wisconsin Medicaid is available on the Internet at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

## Applying for Medicaid

You may choose to apply for Wisconsin Medicaid by mail, telephone, or in person. To obtain an application or to apply in person, contact your local county/tribal social or human services department (certifying agency), W-2 agency or Medicaid outstation site. Also, staff in some health centers and hospitals can receive and process Medicaid and BadgerCare applications for pregnant women or families with children under age 19.

If you are unsure of how to obtain an application or need help in completing an application, call Recipient Services at 1-800-362-3002 (TTY and translation services are available).

If you are pregnant, ask your doctor, clinic, hospital, or local public health department about Medicaid Presumptive Eligibility for Pregnant Women. See the "Special Programs" section of this guide.

## Supplemental Security Income

If you get Supplemental Security Income (SSI), you automatically receive Wisconsin Medicaid. You may apply for SSI at the nearest local Social Security office. Call 1-800-772-1213 (voice) or 1-800-325-0778 (TTY) between 7 a.m. and 7 p.m.

to set up a telephone or office appointment. Most applications can be completed over the telephone.

### **Medicare**

Wisconsin Medicaid is not the same as Medicare. Medicare is a federal health insurance program for people age 65 or older and persons with disabilities who have been entitled to Social Security disability checks for two consecutive years or more. To learn more about Medicare, contact your local Social Security office, or telephone the Social Security Administration at 1-800-772-1213 (voice) or 1-800-325-0778 (TTY).

### **Who is Eligible?**

You may qualify for Wisconsin Medicaid if you are a citizen of the United States or a qualifying immigrant and meet certain financial eligibility requirements in one of the following categories:

- Age 65 or older.
- Blind or disabled.
- Under age 19.
- Pregnant.
- A relative caretaker of a child.

When you apply for Wisconsin Medicaid you will need to provide certain information. In some cases, you will need to provide proof of specific documents. Refer to the following lists for information and documents you will need.

### **Information**

For each person applying for Wisconsin Medicaid, you must provide the following information at the time of your application.

- Social Security Number (SSN). To apply for Wisconsin Medicaid or BadgerCare, you must provide the SSN, or apply for one, for each member in your household who is applying for

benefits. Social Security number information will be used for the administration of Wisconsin Medicaid. Your SSN permits a computer check of your information, such as income and assets, with government agencies such as:

- ☐ Internal Revenue Service.
- ☐ Social Security Administration.
- ☐ Wisconsin Department of Workforce Development.
- Date of Birth.
- Marital Status.
- Household Member's Relationship to Applicant. You need to provide each person's name and relationship to others in the home.
- Residence (street address, city, state, ZIP code).
- Citizenship (only for individuals applying for Wisconsin Medicaid).
- Employment Information (employer's name, street address, city, state, ZIP code).
- Income (wages and whether income is annual, monthly, or weekly). If you apply and are not eligible because your income is over the limit, you may still be able to get Wisconsin Medicaid if you have high medical bills. Ask your county/tribal social or human services department about the Medicaid deductible that might benefit you.
- Health Insurance Coverage (name of insurance company, policy number, and who is covered under the policy).

#### **Verification (Proof Needed)**

For all people in your household requesting Wisconsin Medicaid you will need to provide proof of the following:

- **Immigration Status.** Any person in your household that is requesting Wisconsin Medicaid or BadgerCare and who is not a U.S. citizen will need to provide proof of his or her immigration status.

- **Pregnancy.** Pregnant women in your household will need to provide a note from a health care professional verifying the pregnancy.
- **Assets.** Persons applying for Wisconsin Medicaid who are over 65 years of age, blind, or disabled must provide documentation of their assets. Examples of items you can use to provide proof of assets are bank statements, deeds, contracts, titles, life insurance policies, etc.

Other items related to assets include:

- ❑ Divestment (limitations on giving away property):

An institutionalized person (includes resident of a nursing home) or community waivers applicant or recipient who gives away assets or sells them for less than fair market value may not be eligible for Medicaid long-term care services. If the spouse of the institutionalized person or community waivers participant gives away assets or sells them for less than fair market value, the Medicaid eligibility of the institutionalized spouse may be affected. (This is known as divestment.) If you plan to transfer property, check with your county/tribal social or human services department to see if your Medicaid eligibility will be affected.

- ❑ Spousal Impoverishment (protection of income and assets):

The term “spousal impoverishment protection” refers to special provisions in federal and state Medicaid laws that affect certain married people receiving long term care services. The protection applies to people age 65 or older and adults with disabilities.

Spousal impoverishment protects two major areas:

- **Assets.** The way a couple’s assets are counted and allocated between the spouses in determining Medicaid eligibility.

-- **Income.** The amount of income that can be transferred from one spouse to another.

Spousal impoverishment protections apply only when one spouse is in a nursing home or receiving long-term care services and the other is not residing in a medical institution. These protections help to prevent the community spouse from being impoverished by his or her spouse's institutionalization.

- **Disability.** A determination by the Disability Determination Bureau for a person applying for Wisconsin Medicaid who is blind or disabled.
- **Incapacitation.** Only for situations where both parents reside with a minor child(ren) applying for Wisconsin Medicaid and neither one meets the unemployed parent requirement.
- **Power of Attorney or Legal Guardian.** The person who applies on your behalf and is your power of attorney (POA) or legal guardian must provide legal documentation of their authority to be your representative.

For more information and current income and asset limits, contact your local county/tribal social or human services department or consult the Medicaid section of the Department of Health and Family Service's (DHFS) Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

## **Medical Support Liability (MSL) and Child Support Cooperation**

As a condition of eligibility, anyone requesting Medicaid is required to make an assignment of Medical Support Liability. Medical Support Liability means that as a Medicaid applicant or recipient, you must sign over to the State of Wisconsin all rights to payments from court ordered medical support or from other third party payers of your medical expenses. The assignment of medical



support includes all unpaid support and all ongoing support obligations for as long as Medicaid is received.

If your child does not have health insurance and has a parent absent from the home, you are required to cooperate with the child support agency to get insurance information from the absent parent. The child support agency is responsible for establishing and enforcing medical support for dependents through court orders.

Unless you are exempt (pregnant women and children under 18 years of age) or have good cause for not cooperating, as a condition of eligibility you must cooperate in establishing paternity and obtaining medical support for any child born out of wedlock for whom Medicaid is requested or received.

Fathers of newborns may be responsible for paying back their share of birth-related expenses for the baby and mother. These expenses may include physician, hospital and other costs.

## **Medicaid Subprograms**

Wisconsin Medicaid has numerous subprograms. To find out more information on any of the following subprograms contact your local county/tribal social or human services department, W-2 agency, or Medicaid outstation site.

### **Family Medicaid**

#### **Aid to Families with Dependent Children Medicaid**

Aid to Families with Dependent Children Medicaid is for parents, caretaker relatives, and children who would meet the requirements of the former AFDC

program. (The former AFDC program was eliminated in 1996.)

### **BadgerCare**

BadgerCare is for uninsured parents and children under age 19 living together in families whose income is less than 185% of the federal poverty level. Once eligible, recipients remain eligible for BadgerCare until the family's income exceeds 200% of the federal poverty level. Families with income over 150% of the federal poverty level will need to pay a small premium each month to become eligible and remain eligible for BadgerCare. There is no limit on the amount of assets the family can have.

### **Healthy Start**

Healthy Start is for children and pregnant women with income up to 185% of the federal poverty level. The program has no limit on assets. To learn more call the Maternal and Child Health Hotline at 1-800-722-2295 or Recipient Services at 1-800-362-3002 (TTY and translation services are available).

### **Medicaid Extensions**

A Medicaid extension may be available to families to stay on Wisconsin Medicaid when someone in the family has:

- A new job.
- A raise in pay or increased child support.
- Increased hours of work.

Also, pregnant women can keep Wisconsin Medicaid even if their earned income goes up. Wisconsin Medicaid will provide coverage until at least 60 days after the last day of the pregnancy. Newborns who are covered by Wisconsin Medicaid at the time of birth will be covered throughout the month in which they turn one year old or until the child no longer lives with his or her natural mother.

## **Elderly, Blind, and Disabled**

### **Community Waivers**

The Medicaid Community Waivers Program helps elderly, blind, and disabled persons to live in their own homes or in the community, rather than in state institutions or nursing homes. If you are eligible for Wisconsin Medicaid through the Community Waivers Program, Wisconsin Medicaid may pay for certain supportive services.

### **Family Care**

Family Care is a long-term care benefit where selected pilot counties deliver long-term care services in a new way. Family Care target groups are elderly people, people with physical disabilities, and those with developmental disabilities. Resource centers, economic support agencies, and care management organizations work together to administer this program.

### **Medicaid Purchase Plan**

Medicaid Purchase Plan (MAPP) provides health care coverage for people with disabilities who work. It allows many disabled people to obtain Medicaid eligibility and remain eligible, even if employed, since income limits for MAPP are higher. If the applicant is living with a spouse, the income of both individuals must be less than 250% of the federal poverty level for their family size. Applicants with income over 150% of the federal poverty level must pay a premium. Total countable assets of the applicant must be less than \$15,000.

### **SeniorCare**

SeniorCare is a prescription drug assistance program for Wisconsin residents who are 65 years of age or older who meet eligibility criteria. For more information on SeniorCare contact the SeniorCare Customer Service Hotline at 1-800-657-2038.

## **Special Subprograms**

### **Deductible**

If your medical bills are high and you meet all other Medicaid requirements except that your income is too high, the Medicaid deductible may be able to help.

### **Medicare Premium Assistance**

Wisconsin Medicaid offers several subprograms to help recipients pay for their Medicare Part A and/or Part B if they meet certain income and other qualifications.

### **Presumptive Eligibility for Pregnant Women**

If you are pregnant, and your family's income is not more than 185% of the federal poverty level, you may be eligible for short-term Wisconsin Medicaid coverage. This coverage is valid from the date you apply until the end of the next calendar month, while your Medicaid application is being processed.

Some doctors' offices, clinics, hospitals, local public health departments, and most family planning clinics have presumptive eligibility application forms. To find out more about presumptive eligibility call the DHFS Maternal and Child Health Hotline at 1-800-722-2295 or Recipient Services at 1-800-362-3002 (TTY and translation services are available).

### **Family Planning Waiver**

Family Planning Waiver is for women between the ages of 15 and 44 who have a family gross income that does not exceed 185% of the federal poverty level. Teens are able to apply on their own. The program only covers selected family planning services and supplies.

### **Presumptive Eligibility for the Family Planning Waiver**

Presumptive eligibility for the Family Planning Waiver allows women between the ages of 15 and 44 with income that is at or below 185% of the

federal poverty level to receive immediate family planning outpatient services.

### **Tuberculosis**

Wisconsin Medicaid covers outpatient (non-hospital) medical expenses for the treatment of Tuberculosis (TB) infection or TB disease.

### **Well Woman Medicaid**

Wisconsin Well Woman Medicaid provides full Medicaid benefits to underinsured or uninsured women under age 65 who are screened through the Wisconsin Well Woman Program and are in need of treatment for breast or cervical cancer.

## **Medicaid Coverage Begins**

Medicaid coverage can begin as early as the first day of the month, three months before the month you apply, if you would have been eligible in those months. For example, if you applied on April 4th and were found eligible, coverage could include medical bills or covered services from January, February, and March if you would have been eligible in those months.

If you have bills for covered services in a month in which you were covered by Wisconsin Medicaid, ask the provider to send the bill to Wisconsin Medicaid and ask that you be reimbursed for what was covered under Wisconsin Medicaid.

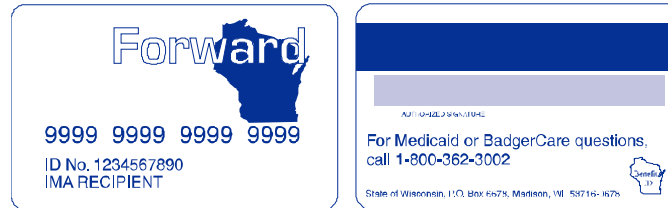
There is no backdating for BadgerCare or SeniorCare. BadgerCare recipients and SeniorCare participants become eligible the first of the month in which they apply.

## **Identification Cards**

### **Issuing Cards**

If you are found eligible for Wisconsin Medicaid, you will be mailed a plastic Medicaid Forward card and

information about how to use it. The Forward card is pictured below.



It is important to safeguard the Forward card, because it is intended to be a permanent card. When going to a Medicaid provider make sure you take the card along that belongs to the person who has the appointment. If you do not have the card, you may be asked to pay for services.

You will use this same card every month that you are eligible for Medicaid benefits. You will not get a new card each month. If you get a notice saying you are no longer eligible for Wisconsin Medicaid, you should keep your Forward card. Do not throw it away. If you become eligible again, you will use the same card.

Contact your local county eligibility worker if:

- Your name or Medicaid identification number is wrong.
- You have a question about your Medicaid eligibility.

Call Recipient Services at 1-800-362-3002 (TTY and translation services are available) if:

- Your card is lost, stolen, or damaged.
- You have questions about using your card.

### **How to Use Your Card**

When making an appointment, check with the provider to see if they accept Wisconsin Medicaid. If the provider does not accept Wisconsin Medicaid call Recipient Services at 1-800-362-3002 (TTY and translation services are available) for help in

finding a provider who accepts Wisconsin Medicaid.

Show your Forward card to your health care provider each time you get services. Providers do not have to see a Medicaid recipient who does not show his or her Forward card.

If there is an emergency and you do not have your card with you when you get services, give your Medicaid identification number to all providers as soon as possible.

### **How to Know if You Are Eligible**

The Forward card does not show your eligibility dates on it. You will get a notice in the mail from your certifying agency or the Social Security Administration if your Medicaid eligibility changes. It is very important to read and keep mail you get about your Medicaid eligibility. This information will tell you if you are eligible when you make an appointment with your health care provider. If you are not sure if you are still eligible for Medicaid, you can call Recipient Services at 1-800-362-3002 (TTY and translations services are available).

### **Keep Your Appointment**

Keep your appointments! If you are not able to keep an appointment, call the provider as soon as possible to cancel. Otherwise, the provider may refuse to reschedule your appointment. It is your responsibility to keep your appointment and to notify the provider as soon as possible if you are unable to keep the appointment.

### **Reporting Eligibility Changes**

You must report changes in your household situation, income or assets, within 10 days of when you become aware of the change, to your local county/tribal social or human services department. Examples of changes include, but are not limited to:

- A new address.

- An increase in income or assets.
- A change of family size.
- Vehicle ownership.

If you do not report changes, you may lose your Medicaid eligibility.

If you receive SSI benefits your changes should be reported to the Social Security office.

## **Medicaid Benefits**

The benefits and coverage outlined here may change. Please check the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

Wisconsin Medicaid covers many health care services. However, there are limitations that apply to ensure that only medically necessary services are provided.

Some services require a prescription. Check with your health care provider.

### **Covered Services**

- Case management services.
- Chiropractic services.
- Dental services.
- Family planning services and supplies.
- Federally Qualified Health Center (FQHC) services.
- HealthCheck (Early and Periodic Screening, Diagnosis and Treatment) for people under 21 years of age.
- Home and community-based services authorized under a waiver.
- Home health services or nursing services if a home health agency is unavailable.
- Hospice care.



- Inpatient hospital services other than services in an institution for mental disease.
- Inpatient hospital, skilled nursing facility, and intermediate care facility services for patients in institutions for mental disease who are:
  - ❑ Under 21 years of age.
  - ❑ Under 22 years of age and receive services immediately before reaching age 21.
  - ❑ 65 years of age or older.
- Intermediate care facility services, other than services at an institution for mental disease.
- Laboratory and X-ray services.
- Legend drugs and over-the-counter drugs listed in Wisconsin's Medicaid's drug index.
- Medical supplies and equipment.
- Mental health and medical day treatment.
- Mental health and psychosocial rehabilitative services, including case management services, provided by staff of a certified community support program.
- Nurse midwife services.
- Nursing services, including services performed by a nurse practitioner.
- Optometric or optical services, including eyeglasses.
- Outpatient hospital services.
- Personal care services.
- Physical and occupational therapy.
- Physician services.
- Podiatry services.
- Prenatal care coordination for women with high-risk pregnancies.
- Respiratory care services for ventilator-dependent individuals.
- Rural health clinic services.
- Skilled nursing home services other than in an institution for mental disease.

- Speech, hearing, and language disorder services.
- Substance abuse (alcohol and other drug abuse) services.
- Transportation to obtain medical care:

- ❑ **Ambulance Transportation**

Wisconsin Medicaid pays for transportation by ambulance when you are very sick or hurt and need emergency help. If you are not sure if you need an ambulance, call your doctor or Medicaid HMO and tell them how you feel. If you are sick or hurt and it would take too long to call your doctor or Medicaid HMO, call the ambulance or 911.

- ❑ **Common Carrier or Private Motor Vehicle**

If you need help with transportation to your Medicaid-covered appointment, contact your local county/tribal social or human services department for assistance. If you contact them before your trip, they may be able to pay for your mileage to use your car, or a friend's car. Your county/tribal social or human services department has the right to pick the least expensive means of transportation for you. They may choose to cover your transportation to only the closest medical provider who can give you the service you need.

- ❑ **Specialized Medical Vehicle**

Wisconsin Medicaid pays for specialized medical vehicle transportation if you are legally blind or indefinitely or temporarily disabled. You are required to provide the specialized medical vehicle provider with a Physician Certification form prior to transport. (You can get the form from your physician.) Your physician is to fill out and sign the form, stating the reason why specialized medical vehicle transportation is needed. This transportation is available only for trips to and from a Medicaid-covered medical service.

If you need to travel a long distance for a medical appointment, your primary health provider may need to ask for approval from Wisconsin Medicaid before your trip.

If you are in a Medicaid HMO, the Medicaid HMO may require you to arrange transportation through them.

- Tuberculosis services.

### **Noncovered Services**

Services or items not covered include, but are not limited to:

- Personal comfort items such as televisions, radios, lift chairs, air conditioners, and exercise equipment (even if prescribed by a physician).
- Procedures considered experimental or cosmetic in nature.
- Services for which prior authorization has been denied.

The provider must notify you of any item or service that is not covered before providing the item or service. If you decide you want these items or services, you will be responsible for paying for them.

### **Emergency Services**

Emergency situations are those which require immediate medical attention to prevent death or serious health damage. If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to Wisconsin Medicaid. You will have to pay for any service you get outside Wisconsin if the health care provider refuses to submit claims or refuses to accept Wisconsin Medicaid payment as payment in full.

**Non-emergency Services**

If you need to see a provider outside Wisconsin for nonemergency services, that health care provider may need to request prior authorization (see Prior Authorization).

If you are enrolled in a Medicaid HMO, find out from the Medicaid HMO how to get health care services when you are away from home. Get this information before you leave home.

If you have further questions, you may call Recipient Services at 1-800-362-3002 (TTY and translation services are available).

**Medicaid Managed Care**

If you are enrolled in a Medicaid HMO, you will get care from providers who are part of that Medicaid HMO. When you make an appointment or get medical services be sure to tell the provider the name of your HMO. If you do not know the name of your HMO, call the enrollment specialist at 1-800-291-2002 (TTY and translation services are available) before your appointment.

You may only get care outside the Medicaid HMO if:

- It is an emergency.
- Your Medicaid HMO says you may see another doctor.
- The service is not covered by your Medicaid HMO (for example, chiropractic or dental).

Refer to information provided by your Medicaid HMO about emergency care, referral procedures, and services that are not covered by your Medicaid HMO.

**Questions about HMO Care**

If you have a problem or question about the care you get from your Medicaid HMO, talk first with your Medicaid HMO customer service person. All

Medicaid HMOs have both informal and formal complaint procedures. They are described in the Medicaid HMO enrollee handbooks. It is important to read the information you get from your HMO and keep it.

## **Copayments**

Some Medicaid recipients are responsible for paying part of the cost of a service. This payment is called a “copayment” or “copay”. (If you are in a Medicaid HMO, you do not pay any copayment for services you get from your Medicaid HMO.)

You must pay your copayment, but if you cannot pay it right away, the provider cannot refuse to provide the service. Providers can collect copayments when the service is provided, or they can bill you for it later. You may be asked for more than one copayment if you get more than one service at an appointment. As shown in the following table, copayments range from \$0.50 to \$3.00 depending on the cost of the service you receive.

Cost of Service	Copayment
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

Medical services that are exempt from copayments are:

- Emergency services.
- Services related to pregnancy.
- Services provided through an HMO.
- Services provided to children younger than 18 years of age.
- Services provided to nursing home residents.
- Family planning services provided by a family planning clinic.

## **Prior Authorization**

Some services require approval from Medicaid before you receive them. This is called “Prior Authorization.”

Your provider requests prior authorization from Wisconsin Medicaid. Wisconsin Medicaid must approve the service before you receive the service from your provider.

If your provider did not get the required prior authorization, Wisconsin Medicaid will not pay for the service. The provider will then be responsible for the cost of the care provided. If you choose to receive the services after you know prior authorization was denied, then you are responsible for payment.

## **Second Opinion for Surgery**

For certain surgical procedures, you must consult with two doctors before the surgery is performed. The provider will tell you if the service requires a second opinion and will also send a request to the Second Surgical Opinion Program.

A second opinion will help you make informed choices about the risks and benefits of elective surgery.

In emergencies, a second opinion is not required.

To learn more about the Second Surgical Opinion Program, call Recipient Services at 1-800-362-3002 (TTY and translation services are available).

## **Out-of-State Services**

Wisconsin Medicaid covers services provided only in the United States, Canada, and Mexico. If you live near one of Wisconsin’s borders, you may want to get medical care from health care providers in a neighboring state. You can do this if the provider

participates in Wisconsin Medicaid and agrees to accept you as a Wisconsin Medicaid recipient.

## **Billing Questions**

Wisconsin Medicaid only pays your provider for the covered services you get. A provider cannot require you, your relatives, or others to pay additional charges for these covered services.

If you get something that looks like a bill, immediately contact the provider who is billing you. It may be a request for more information about your Wisconsin Medicaid status.

Providers know the limits placed on their services. The provider must tell you if Wisconsin Medicaid does not cover a service before the service is provided.

Except for copayments, you will not be charged for Medicaid services received from Medicaid providers who know you are a Medicaid recipient.

A provider can charge you for services that are not covered by Wisconsin Medicaid if the provider told you before providing the service that the service was not covered and you agreed to pay for the service.

## **Fraud**

Fraud means to receive or help another person receive benefits or payments to which you know you or that person is not entitled. People who commit fraudulent acts are subject to prosecution. If a court determines that health care benefits have been obtained through fraud, the court may require repayment for those services in addition to other penalties.

You may be fined up to \$25,000, imprisoned up to seven years and six months, or both, and suspended from Wisconsin Medicaid if you:

- Lie on your application for Wisconsin Medicaid.
- Do not tell about an event that affects initial or continued eligibility for Wisconsin Medicaid to get more benefits than are due.
- Apply for Wisconsin Medicaid on behalf of another and use any part of that benefit for yourself.
- Allow another person to use your Forward card or use someone else's card to get medical services or prescription drugs.

## **Estate Recovery**

Certain Medicaid benefits provided to recipients who are 55 years of age or older, or recipients of any age, who receive institutional services may have to be repaid.

Repayment will only be required from a recipient's estate or from a lien on the recipient's home. Collection of this repayment will not occur until the recipient is no longer survived by a spouse or child who is disabled or under 21 years of age.

Wisconsin Medicaid can be repaid for services by filing:

- A claim on an estate of a deceased recipient.
- Liens (legal claims) on the homes of nursing home recipients who are determined unable to return home.
- A transfer by affidavit form with the person or institution that has the assets of a recipient's estate worth no more than \$20,000.

To learn more, contact your local county/tribal social or human services department and request a copy of "Wisconsin's Medicaid Estate Recovery Program: Most Commonly Asked Questions and Answers" (PHC 13032).



## Health Insurance Coverage

If you or anyone in your family has any health insurance coverage, you need to inform your county/tribal social or human services department and your medical provider.

If you have insurance coverage, your health insurance will be billed before Wisconsin Medicaid. Wisconsin Medicaid may pay for covered services that your insurance did not pay.

If you have questions about your insurance coverage, ask your insurance company. If you have questions regarding your insurance company contact:

Office of the Commissioner of Insurance  
Bureau of Market Regulation  
PO Box 7873  
Madison WI 53707-7873  
1-800-236-8517

## Recipient Rights

U.S. and Wisconsin laws guarantee recipient rights, which include:

- The right to be treated with respect by state and county employees.
- The right to confidentiality of all information given to local economic support agencies to determine eligibility. (This does not prohibit the use of such records for program administration.)
- The right of access to agency records and files relating to your case, except information obtained by the agency under a promise of confidentiality.
- The right to remain eligible for Medicaid benefits even if temporarily absent from the state, provided you remain a Wisconsin resident.

- The right to a speedy determination of eligibility status and prior notice of proposed changes in such status.
- The right to emergency medical care.
- The right to request reasonable accommodation to participate in the program for a disability-related reason, or the right to request interpreters or translators to participate in the program.

### **Fair Hearing and Appeal**

You may appeal to the state Division of Hearings and Appeals or your local county/tribal social or human services department if you believe your:

- Application for Wisconsin Medicaid was unfairly denied.
- Application was not acted upon promptly.
- Benefits were unfairly discontinued, terminated, suspended, or reduced.
- A prior authorization request was denied.

This appeal may result in a fair hearing.

A fair hearing is a formal meeting held with you, an impartial state administrative law judge and a representative from the agency. At this meeting, all parties review the facts of the case for the state administrative law judge. You may have someone represent you if you choose to do so.

The state administrative law judge will issue a written decision based on the facts of the case and federal and state laws and regulations. Both you and the agency representative will receive a copy of this decision in the mail.

### **How and When to Ask for a Fair Hearing**

Ask your local agency to help you file for a fair hearing, or write directly to:

Department of Administration  
Division of Hearings and Appeals  
PO Box 7875  
Madison WI 53707-7875

If you need an accommodation for a disability or a language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (TTY). These telephone numbers are only for the administrative hearing process.

If you have access to the Internet, the fair hearing form can be found at [dha.state.wi.us/](http://dha.state.wi.us/). Click on "How to Request a Fair Hearing" under the Work/Family Services Unit section.

You, your chosen representative (if any), and the local agency will receive written notice at least 10 days before the fair hearing of the scheduled time, date, and place for the hearing. The hearing will be held in the county where you live.

If you file an appeal of a discontinuation, termination, suspension, or reduction of benefits before the date the change was to take effect, your coverage will continue pending the hearing decision. The appeal should include the important facts of the matter and your Medicaid identification number.

An appeal must be made no later than 45 days after the date of the action being appealed.

### **Preparing for a Fair Hearing**

You have the right to bring witnesses, your own lawyer, or some other advisor to the fair hearing. The agency cannot pay for a lawyer to represent you, but they may be able to help you find free legal assistance for questions or fair hearing representation.

You have the right, both before the hearing and during the hearing, to see the agency's written

materials about the case, including your case record, upon which the agency based its decision.

You have or your representative has the right to question anyone who testifies against you at the fair hearing. You also have the right to present your own arguments and bring written materials showing why you think you are right.

If the fair hearing is about whether you are or are not incapacitated or disabled, you have the right to present medical evidence for proof, paid for by the agency.

If you cannot speak English or require sign language, you have the right to have an interpreter present at the hearing. The Division of Hearings and Appeals may authorize payment for necessary translation or interpreters if you ask.

### **Continuation of Benefits**

If you ask for a fair hearing before the effective date of the agency's action, your Medicaid benefits will not be reduced or terminated until after the results of the fair hearing are known. You are still required to report any changes in your circumstances while your hearing is pending which may affect the level of your benefits. Asking for a fair hearing does not cancel normally scheduled review periods.

### **Effects of the Fair Hearing**

If the fair hearing decision is in your favor:

- No action will be taken against you by the agency.
- If benefits have been terminated, they will be reinstated.
- The date of reinstatement will be listed in the copy of the decision you receive, ordering the agency to reinstate your benefits.

If the fair hearing decision is not in your favor:

- The agency's action will stand and you will have to pay back whatever benefits you received that you should not have received.

### **Rehearings**

After you have received the fair hearing decision, you have the right to ask for a rehearing if:

- You have important new evidence that you could not have made available, even if you tried, before the hearing that could change the decision.
- You feel that there was a mistake in the facts of the decision.
- You feel that there was a mistake in the legal basis of the decision.

Within 20 days from the date of the written decision the Division of Hearings and Appeals must receive a written request for a rehearing. The state hearing's office will decide within 30 days if a rehearing is justified.

### **Appealing a Fair Hearing or Rehearing Decision**

If you do not agree with the fair hearing or rehearing decision, it is still possible for you to appeal to the Circuit Court in your county. This must be done within 30 days after you have received the written decision about the fair hearing or within 30 days of the denial of the rehearing request. An appeal to the Circuit Court must be done by filing a petition with the Clerk of Courts in your county. It is best to have legal assistance, if you decide to appeal a fair hearing decision in Circuit Court.

## **Civil Rights Protections**

All people applying for or receiving benefits are protected against discrimination based on race, color, national origin, sex, religion, age, disability, or association with a person with a disability. Several state and federal laws require all Medicaid health care benefits to be provided on a nondiscriminatory basis.

Any of the following actions may be considered discriminatory treatment when based on age, race,

color, handicap, sex, national origin, ancestry, sexual orientation, arrest or conviction record, marital status, or religion:

- Denial of aid, care, services, or other benefits. (Wisconsin Medicaid has some program age restrictions for certain services.)
- Segregation or separate treatment.
- Restriction in any way of any advantage or privilege received by others. (Wisconsin Medicaid has some program restrictions based on eligibility groups.)
- Treatment which is different from that given to others in the determination of eligibility.

## **Complaints**

If you believe you have been discriminated against in any way that relates to applying for Wisconsin Medicaid or receiving Medicaid services, contact:

Affirmative Action/Civil Rights Compliance  
Officer  
Department of Health and Family Services  
PO Box 7850  
Madison WI 53707-7850  
1-608-266-3465 or 1-608-266-3356 (voice)  
or 1-608-266-2555 (TTY)

You may also register complaints at the federal level with:

U.S. Department of Health and Human  
Services  
Office of Civil Rights — Region V  
Ste 240  
233 N Michigan Ave  
Chicago IL 60601  
1-312-886-2359 (voice)  
1-312-353-5693 (TTY)

## **OTHER PROGRAMS**

### **Caretaker Supplement**

Wisconsin's Caretaker Supplement (CTS) is a cash benefit available to parents who are eligible for SSI payments. Caretaker Supplement is not a Medicaid benefit; it pays cash only to eligible parents. Caretaker Supplement benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child. For more information on CTS or to apply for CTS, contact your local county/tribal social or human service department.

### **Food Stamps**

The Food Stamp program is for individuals or families who are employed but do not make enough money to completely support their families, are disabled and cannot work, have lost their jobs, or are living on small, fixed incomes.

To find out more about Food Stamps, contact your local county/tribal social or human services department.

### **Women, Infants, and Children Program**

If you are eligible for Wisconsin Medicaid, you may also be eligible for the Special Supplemental Food Program for Women, Infants, and Children (WIC). Pregnant women and young children may get nutritious food and health/nutrition counseling through this program.



State of Wisconsin  
Department of Health and Family Services  
Division of Health Care Financing

DHFS is an equal opportunity service provider. If you need assistance to access services or material in an alternate format, please contact Recipient Services at 1-800-362-3002 (TTY and translation services available).

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